

Renewal Application for Pest Control Business License

BUSINESS MAIN LICENSE ID: _____

Business Name: _____
Address: _____
City, State, Zip: _____

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, CA 95814-2828, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees. The Pest Control Business License is issued for two years.

IMPORTANT – PLEASE READ!! THERE ARE SIX (6) SECTIONS IN THIS APPLICATION, PLUS ADDITIONAL RENEWAL INFORMATION REQUIREMENTS.
Your License WILL BE DELAYED if any part of the application is incomplete.

1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE INDICATE CORRECTIONS TO THE NAME/ADDRESS THAT APPEAR ON THIS FORM IN THE SPACE PROVIDED ABOVE.

2. QUALIFIED APPLICATOR. Each Pest Control Business location must have and maintain a Qualified Applicator Licensee with the appropriate pest control category(ies) to engage in pest control from that location. Please list the name and card information of the Qualified Applicator Licensee responsible for supervising pest control operations at each business location listed below:

License Number	City	Complete the Qualified Person Name, License Type, License Number, and list the category(ies) (i.e., A, B, C) for which they are qualified.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPRINT

RENEWED

PROBLEM

DATA ENTRY

RC

3. WORKERS COMPENSATION. If you have employees, you must provide the name of the Workers Compensation Insurance Carrier, policy number and policy expiration date:

NAME OF WORKERS COMP. INSURANCE CARRIER

POLICY NUMBER

EXPIRATION DATE

4. FINANCIAL RESPONSIBILITY REQUIREMENT.

☐ I have complied with the requirements of Food and Agricultural Code section 11702(c)(2) by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified on the financial responsibility requirements options statement (enclosed).

INSURANCE EXPIRATION DATE _____

5. FEE. Enclose a check/money order/credit card payment for the total amount due, payable to CASHIER, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. BOX 4015 Street, Sacramento, CA 95812-4015.

Main Fee: \$200 Branch Fee: \$100 each

TOTAL FEE (on or before 12/31/01): _____

TOTAL FEE if postmark AFTER 12/31/01: _____

The Renewal Fee is non-refundable.

6. SIGN AND DATE the Renewal Application form. Enclose a copy of each page with the fee.

SIGNATURE

TITLE

DATE

**PEST CONTROL BUSINESS LICENSE RENEWAL
INFORMATION REQUIREMENTS**

PR-PML-140 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033Web site: <http://www.cdpr.ca.gov>

A. Officer/Owner Information		Fax #	E-mail address	Business Phone Number
Officer/Owner Name		Title		
1.				
2.				
3.				
4.				

B. Pest Control Business Information

1. Please indicate what type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Plant Growth Regulators
<input type="checkbox"/> Ground Application	<input type="checkbox"/> Defoliation	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Applicator	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Vertebrate Pest Control (Includes Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrate Control	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Sewer Line Root Control	

2. Please indicate the type of pest control categories your business requires by checking the appropriate box(es) below.

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment
<input type="checkbox"/> Sewer Line Root Control		

3. Please indicate the county(ies) you will be working in by checking the appropriate box(es) below.

<input type="checkbox"/> 1. Alameda	<input type="checkbox"/> 13. Imperial	<input type="checkbox"/> 25. Modoc	<input type="checkbox"/> 37. San Diego	<input type="checkbox"/> 49. Sonoma
<input type="checkbox"/> 2. Alpine	<input type="checkbox"/> 14. Inyo	<input type="checkbox"/> 26. Mono	<input type="checkbox"/> 38. San Francisco	<input type="checkbox"/> 50. Stanislaus
<input type="checkbox"/> 3. Amador	<input type="checkbox"/> 15. Kern	<input type="checkbox"/> 27. Monterey	<input type="checkbox"/> 39. San Joaquin	<input type="checkbox"/> 51. Sutter
<input type="checkbox"/> 4. Butte	<input type="checkbox"/> 16. Kings	<input type="checkbox"/> 28. Napa	<input type="checkbox"/> 40. San Luis Obispo	<input type="checkbox"/> 52. Tehama
<input type="checkbox"/> 5. Calaveras	<input type="checkbox"/> 17. Lake	<input type="checkbox"/> 29. Nevada	<input type="checkbox"/> 41. San Mateo	<input type="checkbox"/> 53. Trinity
<input type="checkbox"/> 6. Colusa	<input type="checkbox"/> 18. Lassen	<input type="checkbox"/> 30. Orange	<input type="checkbox"/> 42. Santa Barbara	<input type="checkbox"/> 54. Tulare
<input type="checkbox"/> 7. Contra Costa	<input type="checkbox"/> 19. Los Angeles	<input type="checkbox"/> 31. Placer	<input type="checkbox"/> 43. Santa Clara	<input type="checkbox"/> 55. Tuolumne
<input type="checkbox"/> 8. Del Norte	<input type="checkbox"/> 20. Madera	<input type="checkbox"/> 32. Plumas	<input type="checkbox"/> 44. Santa Cruz	<input type="checkbox"/> 56. Ventura
<input type="checkbox"/> 9. El Dorado	<input type="checkbox"/> 21. Marin	<input type="checkbox"/> 33. Riverside	<input type="checkbox"/> 45. Shasta	<input type="checkbox"/> 57. Yolo
<input type="checkbox"/> 10. Fresno	<input type="checkbox"/> 22. Mariposa	<input type="checkbox"/> 34. Sacramento	<input type="checkbox"/> 46. Sierra	<input type="checkbox"/> 58. Yuba
<input type="checkbox"/> 11. Glenn	<input type="checkbox"/> 23. Mendocino	<input type="checkbox"/> 35. San Benito	<input type="checkbox"/> 47. Siskiyou	
<input type="checkbox"/> 12. Humboldt	<input type="checkbox"/> 24. Merced	<input type="checkbox"/> 36. San Bernardino	<input type="checkbox"/> 48. Solano	